BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective October 1, 2001

10076316

CLAIMS AS FILED - PART I (Column 1)						(Column 2)		SMALL ENTITY TYPE		OR		OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			24				1	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			오 ^니 minus 20=		• 4			X\$ 9=	367	OR	X\$18=		
INDEPENDENT CLAIMS 5 minus 3					, ,			X42=	èΨ	OR	X84=		
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	1	TOTAL	M 9 D	OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL E	T ENTITY	OR	OTHER SMALL		
		(Column 1) CLAIMS			mn 2) ÆST	(Column 3)	1	OMALL	ADDI-		CINALL	ADDI-	
AMENDMENT A		REMAINING AFTER AMENDMENT		PREV	IBER OUSLY FOR	PRESENT EXTRA	ŀ	RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	. (Minus	** [=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus DE	***	T CLAIM	=	ļ	X42=		OR	X84=		
Ш	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=		
,								TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUN PREV	HEST MBER NOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus	0		=		X\$ 9=		OR	X\$18=		
AME	Independent	NTATION OF M	Minus/	***	T CL AIM	-	-	X42=		OR	X84=		
_	THOTTHEOL	INVALIDITY OF IN	OLINI CL DEI	CHOCK	T OBAIN		J	+140=		OR	+280=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
0	7/14/14	(Column 1)			ımn 2)	(Column 3	_						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 20	Minus	** (24	= /	_	X\$ 9=	/	OR	X\$18=		
	Independent	* 4	Minus	PENDEN	T CLAIM	-	-	X42=		OR	X84=		
╚	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=	/	OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***OFTAL ADDIT. FEE													
		imber Previously Pa inber Previously Pa						und in the ap	propriate bo	x in co	olumn 1.		